A	RIZONA STATE BO	ARD OF HEALTI	I State File N	. 120
1. PLACE OF BIRTY	STANDARD CERTIF		Registered N	0. 00
h la	PIAMDARD CERTIF			·
County OUC		State		
District or Township		or Village		
City of out on	V No.	Mospital or institution, giv	St, MANE instead of st	reet and number)
11/13/20	(It birth coursed in a	Mospital of Institution, give	If child is not supplemental r	yet named, make
2. Full name of child			supplemental r	epore, as direction
3. Sex of Child To be answered ONLY of event of plural Circles.	4. Twih, triplet or other 5. No., in order of birth		7. Date of birth Month	Day Year
4/ 2/2000	2 0 4	14/	MOTHER	
8. Full name	1 Forum	Rull maiden man	l Gry	
The Many	1 goinn	- Joec Cu	11-11	
9. Residence (Usual place of about Or	2 lin	15. Residence (Usual place of	above Octor	
If non-resident, give place and size.	70010	If non-resident, give	place end state.	
10. Color or race		16. Color or race		
n lasta li Arragi	Inst birthday (Years)	Mhile	17. Age at last birthd	ay (Years)
1600	1. this	V	Brachel	will
2. Birthplace (city or process	emount	18. Birthplace (city	11 xa ox	
(State or country)	27 1 -	(State or country	TO TOO	
13. Occupation Scotty	elech	19. Occupation	Aruse 1	rje
Nature of Industry	•	Nature of industry		
·	) (a) Para alina	and now living	21. Were precautions	taken against oph-
20. Number of children of this mother		but now dead	their a neonatoru	m?
(Taken as of time of birth of child he certified and including this child.)	(c) Stillborn	3	1 pu	
	CERTIFICATE OF ATTENDI	HIVE TANZOR MIDW	if if go on the	(fate above stated.
I hereby certify that I attended the bi	th of this child, who was	(Barn by	6. 6.2.	<b>/</b>
or midwife, then the father, househo		arlested	ugum	
etc., should make this return. A sur	nor (			
shows other evidence of file after	drth.	1/2.	(Physician or hi	irride.)
liven name added from aupplemental report	day, year	- Oug	11 - m	
Month,	Riled A	u 2 124	20121 Ja	K
Registre	r.			Registrar.
1145-1201-279	, a			
Transfer of the Control of the Contr			-	